



PATENT  
ATTORNEY DOCKET NO.: 04558.039001  
U.S. PATENT APPLICATION SERIAL NO.: 09/462,109

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : HIROSE  
Serial No.: 09/462,109  
Filed : 12/30/99  
Title : Composite Reverse Osmosis Membrane  
and Method for Producing Same

Art Unit : 1771  
Examiner : Roche, L.

HA  
8-27-01  
DR

Assistant Commissioner for Patents  
Washington, DC 20231

**REPLY UNDER 37 CFR § 1.111**

Dear Sir:

In response to the Office Action dated May 23, 2001, please amend this application as follows:

**IN THE CLAIMS**

Please cancel claims 6-17.

RECEIVED

AUG 27 2001


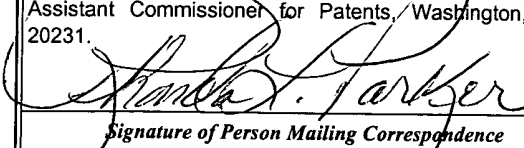
TC 1700

**REMARKS**

Please reconsider this application in view of the following remarks.

**I. Disposition of Claims**

Claims 1-3 and 5-17 were pending in the present application. Claims 1-3 and 5 were elected for further prosecution on April 24, 2001. Claims 6-17 have been cancelled. Claims 1-3 and 5 currently stand rejected under 35 U.S.C. § 103.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. 04558/039001	
Applicant(s): Masahiko HIRASE et al.					
Serial No. <b>AUG 24 2001</b> 09/462,109	Filing Date December 30, 1999	Examiner L. Roche	Group Art Unit 1771		
Invention: <b>COMPOSITE REVERSE OSMOSIS MEMBRANE AND METHOD FOR PRODUCING SAME</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="float: right; text-align: right;"> <b>RECEIVED</b>  <b>AUG 27 2001</b>  <b>TC 1700</b> </div> <p> <input checked="" type="checkbox"/> No additional fee is required for amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____  A duplicate copy of this sheet is enclosed.  <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0591</b>  A duplicate copy of this sheet is enclosed.  <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </p>					
 _____ Signature <b>Jonathan P. Osha, Reg. No. 33,986</b> <b>ROSENTHAL &amp; OSHA L.L.P.</b> <b>700 Louisiana, Suite 4550</b> <b>Houston, Texas 77002</b>  <b>Telephone: (713) 228-8600</b> <b>Facsimile: (713) 228-8778</b>			Dated: <b>8/21/01</b>		
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on <b>August 21, 2001</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.    _____  Signature of Person Mailing Correspondence   <b>Rhonda L. Parker</b>  Typed or Printed Name of Person Mailing Correspondence </div>					
CC:					